

Get the Test...Get the Polyp...Get the cure!

By Tibi Marin, staff writer

The health and wellness committee at KDHE in partnership with the American Cancer Society and the Cotton-O'Neil Clinic held a March meeting to present the facts and figures about polyps and colon cancer to KDHE employees.

A representative of the American Cancer Society provided the committee with information about colon cancer and colon cancer screening. Dr. Curtis A. Baum, Cotton-O'Neil Clinic, stressed the need for individuals over 50 years old to get screened for colon cancer because it develops through the growth of a polyp. Baum started his presentation about polyps and continued with the need for screening, testing and treatments in case of colon cancer.

Patrice O'Hara, program manager, Cancer Control and Prevention Program, says the Kansas Department of Health and Environment Comprehensive Cancer Plan works diligently to provide education and educational materials to people across Kansas. Some of the work is done in the following areas: education, outreach, patient advocacy, prevention, early screening and treatments.

There are six major cancer areas in the KDHE Cancer Plan, these areas of interest are: Breast Cancer, Colon-Rectal Cancer, Prostate Cancer, Skin Cancer, Cervical Cancer, and Lung Cancer. Many of these cancers can be prevented using early detection methods, such as good eating habits, and reduction or elimination in the use of alcohol or tobacco.

In discussing colon cancer, Dr. Baum gave an overview of how the disease begins, treatment options and how individuals should protect themselves with examinations, diet and exercise.

Here is a summary from Dr. Baum:

What Are Polyps?

- ◆ Polyps are growths, which develop in the colon and other parts of the body.
- ◆ A polyp is defined as a growth that projects, often on a stalk, from the lining of the intestine or rectum.
- ◆ They vary in size and appearance.
- ◆ They may look like a wart when small and when they grow they may appear like a cherry on a stem or fig.
- ◆ They are important because they can with time turn into cancer.
- ◆ Polyps of the colon and rectum are almost always benign and usually produce no symptoms.
- ◆ They may, however, cause painless rectal bleeding or bleeding not apparent to the naked eye.

- ◆ There may be single or multiple polyps. The incidence of polyps increases with age.
- ◆ The cumulative risk of cancer developing in an **unremoved** polyp is **2.5 percent** at **5 years**, **8 percent** at **10 years**, and **24 percent** at **20 years** after the diagnosis.
- ◆ The probability of any singular polyp becoming cancerous is dependent on its gross appearance, histological features, and size.
- ◆ The relative risk of developing colon cancer after polyps have been removed is 2.3 compared to a relative risk of 8.0 for those who do not have the polyps removed.
- ◆ Polyps greater than one centimeter have a greater cancer risk associated with them than polyps under one centimeter.
- ◆ Polyps with atypia or dysplasia are also more likely to progress on to colon cancer.
- ◆ The risk of cancer is much higher in sessile villous adenomas than in pedunculated tubular adenomas.
- ◆ Cancer is found in 40 percent of villous adenomas, as compared to 15 percent in tubular adenomas. The good news is that 65 percent of adenomas are tubular, with villous adenomas accounting for only 10 percent of adenomatous polyps.

What You Should Know

Provided by <http://www.nccra.org>

Facts

- Colorectal cancer is the second most common cause of cancer death in the United States.
- More Americans die each year from colorectal cancer than from breast cancer or AIDS.
- 130,200 Americans will be diagnosed this year with colorectal cancer and 56,300 will die from the disease.
- Up to 2/3 of those deaths are preventable with simple screening and prevention methods.
- Most colon cancers begin as benign polyps, and cancer can be prevented by removal of the polyps.
- Men and women are equally at risk for colorectal cancer.
- The older you are, the higher your risk; nevertheless, 13,000 cases will still be diagnosed in people under 50.
- For most Americans, standard screening with sigmoidoscopy and checking the stool for blood should begin at age 50.
- Those with a family history of colorectal cancer or polyps or a personal history of inflammatory bowel disease (*Crohn's disease* or *ulcerative colitis*), polyps or

colon cancer are at higher risk and should consult their doctor to determine when and how to screen.

- *Colorectal cancer is most curable when found before it causes symptoms.* More than 90 percent of colorectal cancers can be cured when caught in their earliest stages.
- When symptoms are present, the cancer may still be curable if not ignored. Symptoms include: rectal bleeding or blood in the stool, a change in bowel habits, persistent abdominal cramps, chronic diarrhea or constipation, and/or unusual fatigue.
- Regular exercise and a diet rich in vegetables, fruits and high fiber foods as well as adequate intake of folic acid and calcium may help to prevent colorectal cancer but are no substitute for regular screening.

RESOURCES

- ✿ Cancer Prevention and Control - <http://apps.nccd.cdc.gov/cancercontacts/ncccp/contactlist.asp>
- ✿ Colon Cancer - http://health.yahoo.com/centers/colon_cancer/303
- ✿ National Cancer Institute - www.cancer.gov
- ✿ National Colon Rectal Cancer Research Alliance National Colorectal Cancer Research Alliance (NCCRA)
- ✿ American Cancer Society - www.cancer.org
- ✿ National Cancer Institute in Spanish - http://cis.nci.nih.gov/fact/6_26s.htm

Glossary of Terms

- ✿ **Atypia:** An abnormality of a cell, which may or may not be associated with later malignancy. **Pronunciation:** ay TIP ee a • (noun) **Also Known As:** atypical or abnormal cell
- ✿ **Dysplasia** (dis-PLAY-zha) Cells that look abnormal under a microscope but are NOT cancer
- ✿ **Adenomatous Polyps** An adenoma is a type of polyp which is pre-malignant
- ✿ **Pendunculated** elevated, as on a stem (peduncle).